

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

AFFILIANT(S)

CLAIMS

10/521334

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		1				
22		1					72		1				
23	1						73		1				
24		1					74		1				
25		1					75		1				
26		1					76		1				
27		1					77		1				
28	1						78		1				
29		1					79		1				
30		1					80		1				
31		3					81		1				
32	1	3					82		1				
33	1						83		1				
34		2					84		1				
35		1					85		1				
36		1					86		1				
37		1					87		1				
38		1					88		1				
39		2					89		1				
40		2					90		1				
41		1					91		1				
42		1					92		1				
43		1					93		1				
44		1					94		1				
45		1					95		1				
46		1					96		1				
47		1					97		1				
48		1					98		1				
49		1					99		1				
50		1					100		1				
TOTAL IND.		↓		↓		↓	TOTAL IND.	5	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	109	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	74					